



MAPIR 5.7 Walk-Through

Vermont Medicaid Electronic Health Record (EHR) Incentive Program

May 25, 2016

Agenda

- Welcome
- CMS: The Future of Meaningful Use
- Key Dates
- Modified MU-2 Rule Highlights
- MAPIR 5.7 Screens
- Public Health Objective
- File Uploads: Required and Recommended Documentation
- Question and Answer Session



MACRA Medicare Access and CHIP Reauthorization Act

MIPS Merit-based Payment System

Moving toward improved care through information

■ APRIL 27

By: Andy Slavitt, Acting Administrator, Centers for Medicare & Medicaid Services
Dr. Karen DeSalvo, National Coordinator, Office of the National Coordinator for Health IT

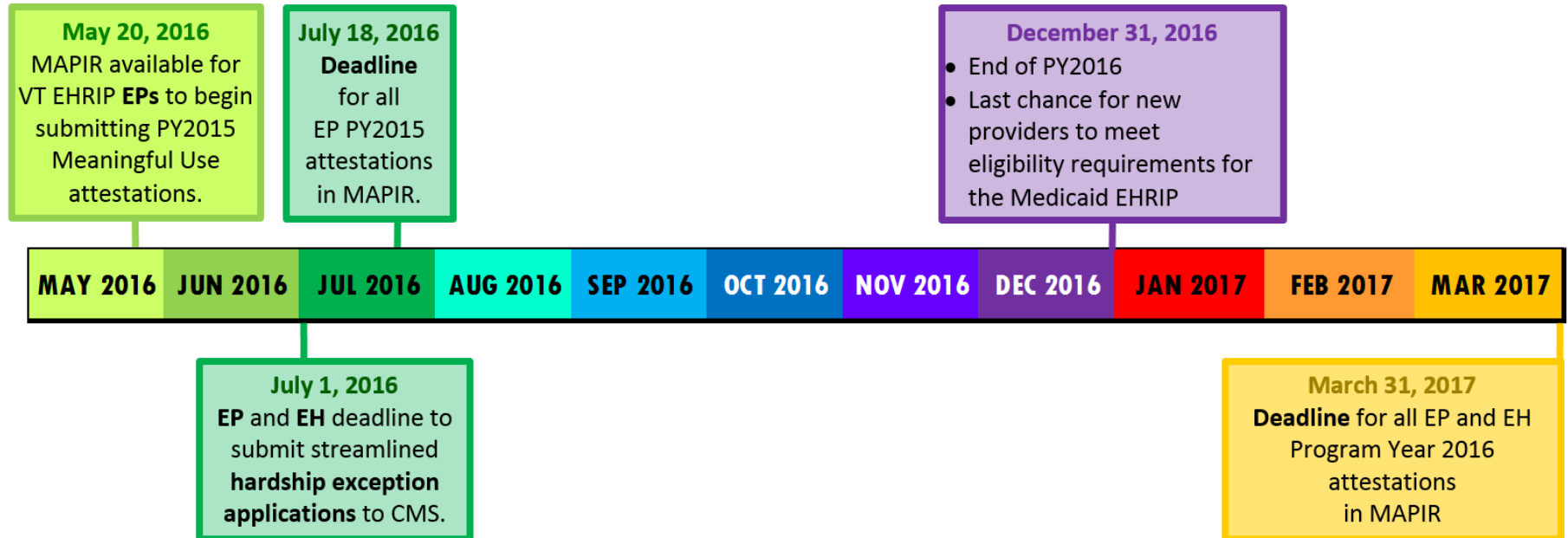
Seven years ago, Congress passed a law to spur the country to digitize the health care experience for Americans and connect doctors' practices and hospitals, thereby modernizing patient care through the Electronic Health Records (EHRs) Incentive Programs, also known as "Meaningful Use." Before this shift began, many providers did not have the capital to invest in health information technology and patient information was siloed in paper records. Since then, we have made incredible progress, with nearly all hospitals and three-quarters of doctors using EHRs. Through the use of health information technology, we are seeing some of the benefits from early applications like safe and accurate prescriptions sent electronically to pharmacies and lab results available from home. But, as many doctors and patients will tell you (and have told us), we remain a long way from fully realizing the potential of these important tools to improve care and health.

That is why, [as we mentioned earlier this year](#), we have conducted a review of the Meaningful Use Program for Medicare physicians as part of our implementation of the Medicare Access and CHIP Reauthorization Act (MACRA), with the aim of reconsidering the program so we could move closer to achieving the full potential health IT offers.

Over the last several months, we have made an unprecedented commitment to listening to and learning from physicians and patients about their experience with health information technology – both the positive and negative. We spoke with over 6,000 stakeholders across the country, including clinicians and patients, in a variety of local communities. Today, based on that feedback, we are proposing to incorporate the program in to the Merit-based Payment System (MIPS) in a way that makes it more **patient-centric**, **practice-driven** and focused on **connectivity**. This new program within MIPS is named Advancing Care Information.

<https://blog.cms.gov/2016/04/>

Key Dates



Modified MU-2 Rule Highlights

- There are now 10 Objectives (with multiple measures) that replace *Core* and *Menu* measures.
- Instead of using Stage 1 and Stage 2, CMS is referring to the measures as *Modified MU Stage 2*. Accommodate all providers scheduled to be in Stage 1 by having Alternate Measures and Alternate exclusions as options during attestation.
- Any provider who has already attested to two years of MU will be attesting to the Modified MU Stage 2 Objectives without *Alternate Measures*.
- All attestations for Program Year 2015 will utilize a 90-day EHR reporting period.
- Program Year 2016 is underway: All providers who have attested to Meaningful Use prior to 2016 will need to complete a full year of MU for program year 2016.

MAPIR 5.7 Screens – Consult the EP User Guides

Screenshot from the EHRIP website

MAPIR User Guides

Before proceeding with an application in MAPIR, download and review the helpful User Guides. As you step through the screens in the MAPIR system, the User Guide provides additional explanation, illustrated hints, tips on how to navigate, and documentation forms. Reviewing the User Guide will help you organize the reports and data needed for attestation. Assembling this information ahead of time will maximize your productivity when you are logged into the MAPIR system.

The MAPIR 5.7 User Guides for Eligible Professionals are separate documents specific to the task and Program Year you are attesting for.

Part 1 - For all EPs attesting in PY2015 and PY2016: *Getting Started, Confirm R&A and Contact Info, Eligibility, Patient Volumes*

Part 2A (PY2015) - Only for EPs attesting for **Program Year 2015**: *Attestation Phase, MU General Requirements, MU Objectives, CQMs*

Part 2B (PY2016) - Only for EPs attesting for **Program Year 2016**: *Attestation Phase, MU General Requirements, MU Objectives, CQMs*

Part 3 - For all EPs attesting in PY2015 and PY2016: *Review Application; Questionnaire, File Uploads, Required and Recommended Documentation, Submission, Post Submission Activities, Statuses, Review and Adjustment*

Part 4 - For all For all EPs attesting in PY2015 and PY2016: *Additional User Information, Appendices*

<http://healthdata.vermont.gov/ehrip/Apply>

MAPIR 5.7 Screens – Getting Started

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
<input type="radio"/>	Adoption	Completed	1	2014	\$21,250.00	Select the "Continue" button to view this application.
<input type="radio"/>		Not Started	2	2015	Unknown	Select the "Continue" button to begin this application.
<input type="radio"/>		Not Started	2	2016	Unknown	Select the "Continue" button to begin this application.
<input type="radio"/>	Future	Future	3	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	4	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	5	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	6	Future	Unknown	None at this time

You are in the **Grace Period** for Program Year 2015 which began on 01/01/2016 and will end on **07/18/2016**. The Grace Period extends the amount of time to submit an application for the previous Program Year. **ALL Program Year 2015 applications are now being accepted**, and must be submitted by midnight on **July 18, 2016**.

Program Year 2016 applications are also being accepted. Providers attesting Adopt/Implement/Upgrade or for their first year of Meaningful Use using a 90-day EHR reporting period may submit applications. Providers beyond their first year of Meaningful Use in Program Year 2016 must use a full year for their EHR reporting period, and will submit their applications in early 2017. All Program Year 2016 applications must be submitted by March 31, 2017

Continue

See pages
8 – 15 of the
EP User Guide
Part 1 for step-
by-step
guidance on
logging into
the Medicaid
Portal and
*Getting
Started.*

MAPIR 5.7 Screens – Getting Started – Continued

Payment Year	2	Program Year	2015
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MAPIR

Name: _____

Applicant NPI: _____

Status: **Not Started**

If you are attesting to a Meaningful Use option that is different from what you were scheduled for, you will be required to supply one or more delay reasons on the next screen.

Note: If you are attesting to Adopt, Implement, or Upgrade, you must be adopting, implementing, or upgrading to a 2014 certified edition. If you are attesting to Meaningful Use, please enter the certification number you had during your EHR reporting period.

The EHR Incentive Payment Program requires the use of technology certified for this program. Please enter the CMS EHR Certification ID that you have obtained from the ONC Certified Health IT Product List (CHPL) website. Click [here](#) to access the CHPL website. You must enter a valid certification number.

Click the **Exit** button to terminate your session. When ready click the **Next** button to continue.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.


* Please enter the 15 character CMS EHR Certification ID for the Complete EHR System:

(No dashes or spaces should be entered.)

Exit **Reset** **Next**

MAPIR 5.7 Screens – Getting Started – Program or State Switch

MAPIR Version 5.7.1

 **VERMONT**
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

[Contact Us](#) [Exit](#)

Tuesday 05/24/2016 10:56:38 AM EDT

MAPIR

This provider has accomplished a switch from another state's EHR Incentive Program OR a switch from the Medicare EHR Incentive Program. The Vermont Medicaid EHRIP must confirm and set the appropriate stage and MU Selection Phase in MAPIR before you are able to proceed. Please contact the VT EHRIP Team at: ehrip-support@vitl.net.

MAPIR 5.7 Screens – Confirm R&A and Contact Info

[Get Started](#) [R&A/Contact Info](#) [Eligibility](#) [Patient Volumes](#) [Attestation](#) [Review](#) [Submit](#)

Name:

Applicant NPI:

Status: Incomplete Continue

Click [here](#) if you would like to eliminate all information saved to date, and start over from the beginning.

Welcome to Vermont's **Medical Assistance Provider Incentive Repository, or MAPIR.**

If you have already started your application and are returning to complete it, you may select any completed tab above to go directly to that section. Completed tabs are shown in dark blue. Tabs that must still be completed are gray. And a light blue tab indicates the tab you are currently viewing.

Here are a few helpful hints to assist you as you complete the registration process:

- Please note that in MAPIR, the term "R&A" refers to the CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System.
- Please note that the term Medicaid is used in MAPIR and refers to the Medicaid Assistance Program. These terms are used interchangeably throughout MAPIR.
- You will receive correspondence related to your application via email. Please make sure your spam filters do not block emails related to this application. Please refer questions about your spam filters to your network administrator for further assistance.
- Please note that the Vermont Medicaid Internet Portal User ID used to enter the MAPIR application must be used throughout the entire application process. The eligible provider is responsible for attesting to this application, but someone else can complete the application on the eligible provider's behalf.
- When you complete a MAPIR tab, a checkmark will appear in the corner of the tab and it will turn dark blue. The last screen of each section will indicate that you have successfully completed the information and can proceed to the next tab.
- You can refer back to completed application tables to review or edit content, but you cannot proceed forward to tabs you have not yet started. MAPIR will guide you through the process.
- Information to help you with the application is available in "hover bubbles" which are indicated by a question mark symbol throughout MAPIR.
- **Note:** There are data and validation checks in MAPIR. If the information entered does not conform to the data and validation requirements, then MAPIR will not allow you to move forward. Validation messages will assist you with errors throughout the application process.

Navigation Keys:

- **Save and Continue:** After entering your information on a screen, you must select the Save and Continue button at the bottom of each screen or the information will be lost. You may return to a screen or use the Review tab to view (or print) the saved information at any time.
- **Previous:** Allows you to move to the previous screen without saving any information entered on the screen.
- **Reset:** Allows you to reset the values on the current screen. If you have already saved the information on the screen, the Reset button will return the data to the last saved information.
- Your MAPIR user session will end if there is no user activity after 30 minutes. You will receive timeout warnings.
- Please use the [Exit](#) link in the upper right hand corner of the screen to properly exit the MAPIR application and return the to Vermont Medicaid portal. Use of your Internet browser exit and back/forward functions may result in unexpected results that will require you to login again.

UI 3

MAPIR 5.7 Screens – Changes to the R&A Info

R&A Verification

We have received the following information for your NPI from the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A). Please specify if the information is accurate by selecting Yes or No to the question below.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point.

Name	Dr. Medicaid Provider	Applicant NPI	9999999999
Personal TIN/SSN	999999999	Payee TIN	
Business Address	123 Main Street Hometown, PA 12345-1234		
Business Phone	999-999-9999		
Incentive Program	MEDICAID	State	PA
Eligible Professional Type	Physician		
R&A Registration ID	9999999999		
R&A Registration Email Address	professional@provider.com		
CMS EHR Certification Number	9999999999999999		

(*) Red asterisk indicates a required field.

* Is this information accurate? ☒ Yes ☐ No

Previous **Reset** **Save & Continue**

See pages
17 – 19
of the **EP User Guide Part 1**

If you answer *No* because the R&A information is incorrect, you will need to return to the R&A website to correct it. It takes at least 24 hours for the updates to be applied to the information in MAPIR.

There is no need to update the CEHRT ID at the CMS R&A site. That will happen when the application is submitted.

MAPIR 5.7 Screens – ‘Registration in Progress’

MAPIR

Name: Medicaid Hospital

Applicant NPI: 1234567890

Status: **Registration in Progress**

IMPORTANT:

Our records indicate that your registration is in progress at the CMS Medicare and Medicaid EHR Incentive Payment Program Registration and Attestation System (R&A) and you must complete that registration process before you can access your application here.

The R&A website https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp will have instructions on how to save your registration after a modification.

You must choose "Submit Registration" at the R&A after you have reviewed and confirmed the information is correct.

Please allow 24 to 48 hours after saving your registration at the R&A before accessing your EHR Medicaid Incentive application.

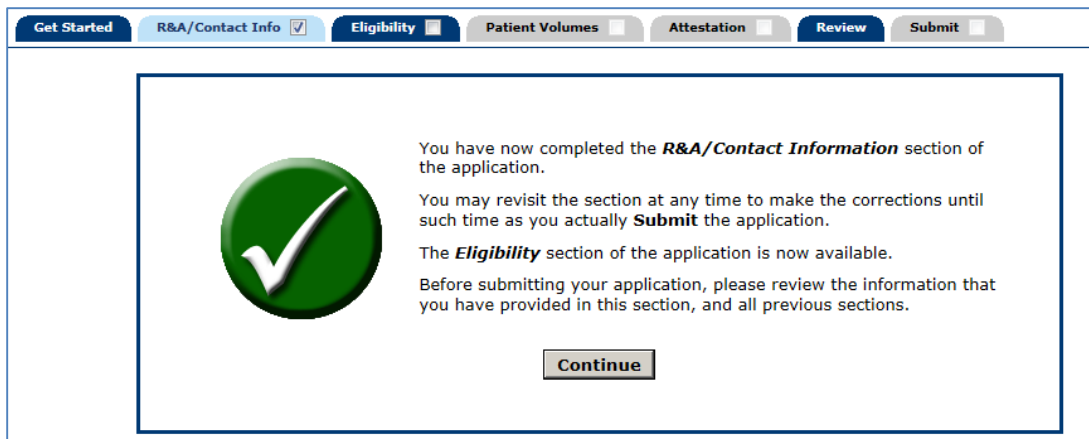
If you have successfully completed the CMS R&A registration, please contact <state defined ID> for assistance.

If any changes are initiated but not completed, the R&A may report **“Registration in Progress”**. This will result in your application being placed in a hold status.

You must go **ALL THE WAY THROUGH** the CMS R&A registration to accept/agree/submit in order to trigger any changes.

<http://healthdata.vermont.gov/ehrip/Help/Access>

MAPIR 5.7 Screens – Section Complete




The screenshot shows a web application interface with a navigation bar at the top containing buttons: "Get Started", "R&A/Contact Info" (with a green checkmark icon), "Eligibility" (with a grey square icon), "Patient Volumes" (with a grey square icon), "Attestation" (with a grey square icon), "Review" (with a grey square icon), and "Submit" (with a grey square icon). The main content area is enclosed in a blue border and features a large green circle with a white checkmark on the left. To the right of the checkmark, the text reads: "You have now completed the **R&A/Contact Information** section of the application. You may revisit the section at any time to make the corrections until such time as you actually **Submit** the application. The **Eligibility** section of the application is now available. Before submitting your application, please review the information that you have provided in this section, and all previous sections." Below this text is a "Continue" button.

The green circle with the white checkmark confirms that all the required information for a section is completed.

Evaluation and assessment of the eligibility and Meaningful Use criteria does not occur until the "Submit" button is hit.

MAPIR 5.7 Screens – Eligibility

[Get Started](#) [R&A/Contact Info](#) [Eligibility](#) [Patient Volumes](#) [Attestation](#) [Review](#) [Submit](#)



To participate in the EHR Incentive Program, you must first provide some basic information to confirm your eligibility for the program. In this tab you will need to confirm that:

- You are **NOT** a hospital-based provider. An eligible professional is considered hospital-based if 90% or more of his or her services are performed in a hospital inpatient (Place Of Service code 21) or emergency room (Place Of Service code 23) setting.
- You are applying to participate in the Vermont Medical Assistance EHR Incentive Program.
- You do not have current Medicare or Medicaid sanctions in any state.
- You are an eligible professional type.
- You are licensed in all states in which you practice.
- You have obtained a valid CMS EHR Certification ID number for the EHR system your organization has selected.

If you have any questions, contact the Vermont Medicaid EHRIP Team: ehrip-support@vitl.net.

Begin

UI 32

See pages
20 – 21 of the
EP User Guide
Part 1 for
details of the
Eligibility
screens.

MAPIR 5.7 Screens – Eligibility – Continued

Get Started

R&A/Contact Info

Eligibility

Patient Volumes

Attestation

Review

Submit

Professional Eligibility Questions 2 (Part 2 of 2)

Please answer the following questions to determine your eligibility for the EHR Medicaid Incentive Payment Program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* What type of provider are you? *(select one)*

☒ Physician
☐ Dentist
☐ Certified Nurse-Midwife
☐ Pediatrician
☐ Nurse Practitioner
☐ Physician Assistants practicing within an FQHC or RHC that is so led by a Physician Assistant

* Do you have any current sanctions or pending sanctions with Medicare or Medicaid in any state? ☐ Yes ☒ No


* Are you currently in compliance with all parts of the HIPAA regulations? ☒ Yes ☐ No

* Are you licensed in all states in which you practice? ☒ Yes ☐ No

PreviousResetSave & Continue

MAPIR 5.7 Screens – Patient Volume Begin

[Get Started](#) [R&A/Contact Info](#) [Eligibility](#) [Patient Volumes](#) [Attestation](#) [Review](#) [Submit](#)



Please review the definition of 'Medicaid encounter' and a summary of patient volume reporting period options at our website:
<http://healthdata.vermont.gov/ehrip/PatientVolume>

We also strongly recommend supporting documentation for a provider's patient volume be uploaded to the attestation, using the Patient Volume Data Tool Template you can download here: <http://healthdata.vermont.gov/ehrip/PatientVolume/Datatool>

The next section of the application will collect data to verify Medicaid patient encounter volume. Eligible professionals must meet the Medicaid patient volume threshold which is typically a minimum of 30 percent, but can be 20 percent or higher for pediatricians.

You have a number of options for reporting your Medicaid patient volume depending on your provider type and service location:

- Individual Practitioner
- FQHC/RHC Individual Practitioner
- Group/Clinic
- FQHC/RHC Group
- Vermont Medicaid does NOT accept Practitioner Panel submissions. If you choose a Practitioner Panel option on the following screens, the system will let you continue, but your application will be returned to you to be redone.

Medicaid patient volume is measured over a continuous 90-day period in the previous calendar year OR preceding 12-month period from the date of attestation. You will enter the start date and MAPIR will calculate the end date.

To avoid common errors in selecting a valid 90-day patient volume period, please review our helpful guide:
<http://healthdata.vermont.gov/sites/healthdata/files/pdfs/EHRIP/PatientVolumeReportingPeriodOptions.doc>

Once you have determined how you wish to report patient volumes and for what time period, MAPIR will display your practice location(s) on file with VT Medicaid.

- You must select at least one location where you are meeting Medicaid patient volume thresholds AND you are utilizing EHR technology.
- If you wish to report patient volumes for a location or site that is not listed, use the Add Location feature.
- Please note that a location added in MAPIR does not get added to Vermont Medicaid.

[Begin](#)

UI 41

See page
22 of the **EP
User Guide
Part 1** for the
start of the
Patient
Volume
guidance and
screenshots.

MAPIR 5.7 Screens – Patient Volume Select 90-Day Period

Get Started **R&A/Contact Info** **Eligibility** **Patient Volumes** **Attestation** **Review** **Submit**

Patient Volume 90 Day Period (Part 2 of 3)


The continuous 90 day volume reporting period may be from either the calendar year preceding the payment year or the 12 months before the attestation date. Select either previous calendar year or previous 12 months, then enter the **Start Date** of your continuous 90 day period.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Please select one of the following two options.

☒ Calendar Year Preceding Payment Year ☐ 12 Months Preceding Attestation Date

*** Start Date:** 
mm/dd/yyyy

Please Note: The dates you have selected above may be invalid if you attempt to submit your application at a later date. If you receive an error message, you will need to change the 90-day patient volume date range and corresponding data. MAPIR will not allow the application to proceed until the date range meets the requirements.

Previous **Reset** **Save & Continue**

<http://healthdata.vermont.gov/ehrip/PatientVolume>

MAPIR 5.7 Screens – Patient Volume MAPIR Calculation

[Get Started](#) [R&A/Contact Info ☒](#) [Eligibility ☒](#) [Patient Volumes ☒](#) [Attestation ☐](#) [Review](#) [Submit ☐](#)

Patient Volume 90 Day Period (Part 2 of 3)

Please review the **Start Date** and **End Date** of your selected continuous 90 day period for patient volume.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

Start Date: Jan 01, 2014
End Date: Mar 31, 2014

[Previous](#) [Save & Continue](#)

MAPIR 5.7 Screens – Patient Volume Practice Locations

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☐

Attestation ☒

Review

Submit ☐

Patient Volume - Individual (Part 3 of 3)

CO has the following information on the locations in which you practice.

Please select the check box for locations where you are meeting Medicaid patient volume requirements and/or utilizing certified EHR technology. If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

You must select at least one location for meeting patient volumes and at least one location for utilizing certified EHR technology.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Medicaid Patient Volumes (Must Select One)	*Utilizing Certified EHR Technology (Must Select One)	Provider ID	Location Name	Address	Available Actions
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	999999999999	Doctor Office	123 First Street Anytown, PA 12345-1234	
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	N/A	New Location	123 Main Street Anytown, AL 12345	<div>Edit</div> <div>Delete</div>

Add Location

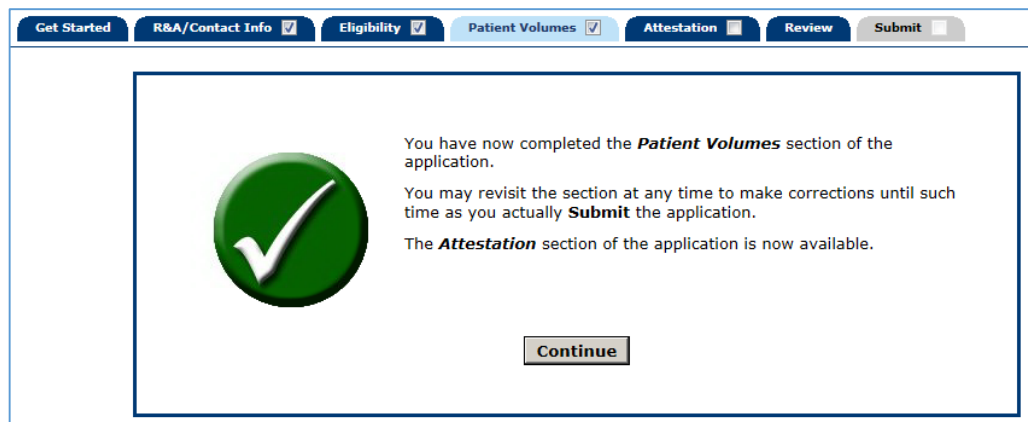
Refresh

Previous


Reset

Save & Continue

MAPIR 5.7 Screens – Patient Volume Documentation



Get Started R&A/Contact Info ☒ Eligibility ☒ Patient Volumes ☒ Attestation ☐ Review ☐ Submit ☐



You have now completed the **Patient Volumes** section of the application.

You may revisit the section at any time to make corrections until such time as you actually **Submit** the application.

The **Attestation** section of the application is now available.

The best time to prepare for an audit is at the time of attestation.

Required documentation for Patient Volume:

- Group Definition, for all providers attesting with Group Patient Volume


Recommended documentation for Patient Volume:

- A data file using the EHRIP Patient Volume Data Tool

<http://healthdata.vermont.gov/ehrip/PatientVolume>

MAPIR 5.7 Screens – Attestation

Get Started R&A/Contact Info ☒ Eligibility ☒ Patient Volumes ☒ Attestation ☐ Review Submit ☐



In this portion of MAPIR, you will need to attest to various incentive program participation requirements, including your EHR system adoption phase, payment designation, and provider liability.

[EHR System Adoption Phase](#)
You will be asked to confirm whether you are adopting, implementing, or upgrading (A/I/U) federally-certified EHR technology. For *Implement* or *Upgrade*, you will need to describe whether tasks are *Planned/In Progress* or *Complete*. Please refer to the *User Guide for Eligible Professionals* for additional guidance on Adopt, Implement and Upgrade:
<http://healthdata.vermont.gov/ehrip/Apply>

[Payment Designations](#)
If you assigned your payment when you registered with the R&A, you will need to confirm that the assignment was voluntary. You will also need to confirm the payment address of the payee that you designated.

[Provider Liability](#)
The eligible professional for whom the payment is being requested is responsible and liable for any errors or falsifications submitted in this attestation process.
The eligible professional, and not the contact for the application process or the preparer of the application, will be held accountable for any incorrect information or overpayments.

Once your attestation is complete, you will be directed to the *Review* tab. Please review all information for accuracy and completeness and revise your application as needed.

NOTE: Once you submit your application, you cannot make any changes, but you will be able to upload documents. MAPIR will provide validation messages to assist you with the application. These messages will be displayed once you move to the *Submit* tab.

If you have completed your application and are ready to proceed, you MUST click the *Submit* tab.

Begin

UI 75

See page 15
22 of the **EP
User Guide
Part 2A** for the
start of the
2015 MU
Attestation
screenshots.

MAPIR 5.7 Screens – Attestation Phase

Get Started R&A/Contact Info Eligibility Patient Volumes **Attestation** Review Submit

Attestation Phase (Part 1 of 3)

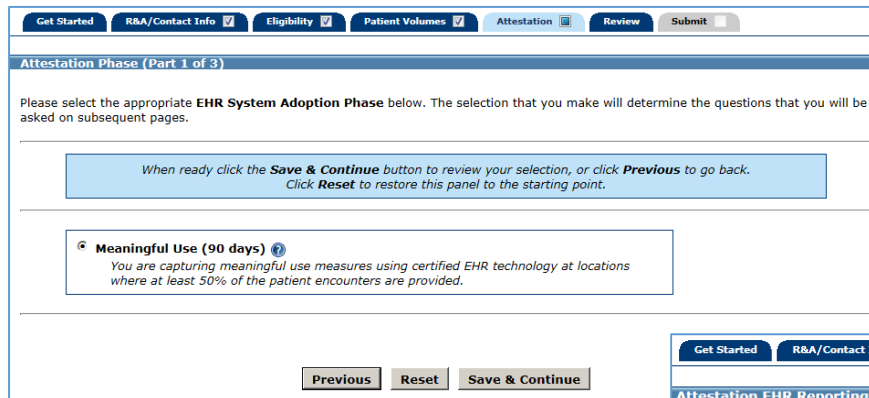
Please select the appropriate **EHR System Adoption Phase**.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

- ☐ **Adoption:** You are acquiring certified EHR Technology.
- ☐ **Implementation:** You are installing certified EHR Technology.
- ☐ **Upgrade:** You are expanding functionality of certified EHR Technology.
- ☐ **Meaningful Use:** You are capturing meaningful use measures using a certified EHR technology at locations where at least 50% of patient encounters are provided.

Previous Reset Save & Continue

MAPIR 5.7 Screens – EHR Reporting Period Dates




Get Started R&A/Contact Info ☒ Eligibility ☒ Patient Volumes ☒ Attestation ☐ Review Submit

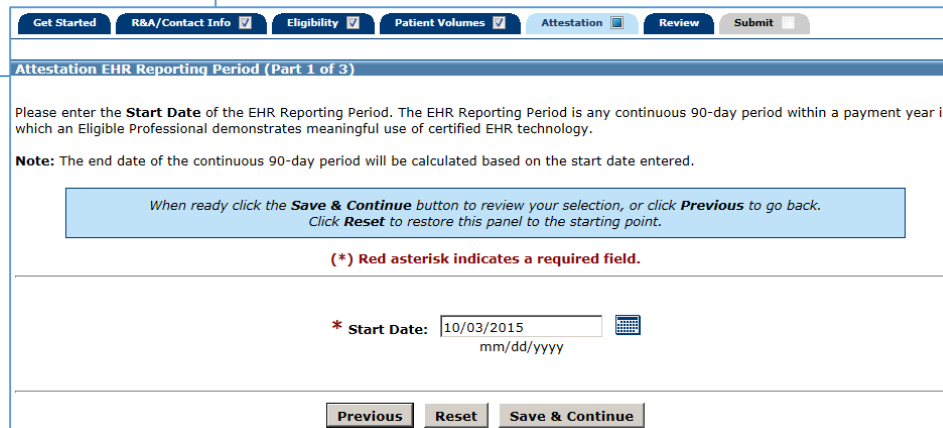
Attestation Phase (Part 1 of 3)

Please select the appropriate **EHR System Adoption Phase** below. The selection that you make will determine the questions that you will be asked on subsequent pages.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

☒ **Meaningful Use (90 days)** 
You are capturing meaningful use measures using certified EHR technology at locations where at least 50% of the patient encounters are provided.

Previous Reset Save & Continue



Get Started R&A/Contact Info ☒ Eligibility ☒ Patient Volumes ☒ Attestation ☐ Review Submit


Attestation EHR Reporting Period (Part 1 of 3)

Please enter the **Start Date** of the EHR Reporting Period. The EHR Reporting Period is any continuous 90-day period within a payment year in which an Eligible Professional demonstrates meaningful use of certified EHR technology.

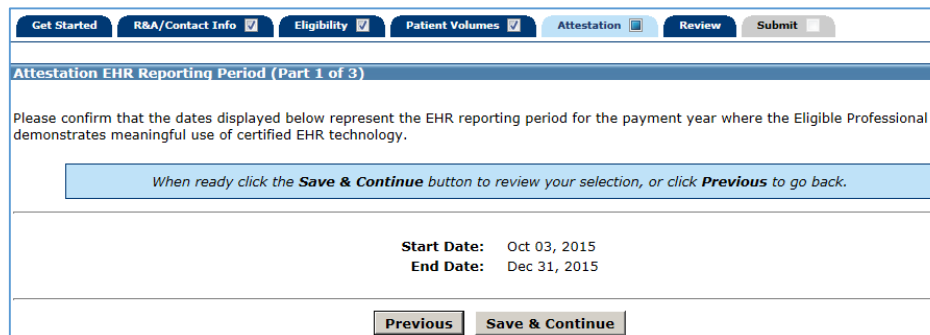
Note: The end date of the continuous 90-day period will be calculated based on the start date entered.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Start Date: 
mm/dd/yyyy

Previous Reset Save & Continue



Get Started R&A/Contact Info ☒ Eligibility ☒ Patient Volumes ☒ Attestation ☐ Review Submit

Attestation EHR Reporting Period (Part 1 of 3)

Please confirm that the dates displayed below represent the EHR reporting period for the payment year where the Eligible Professional demonstrates meaningful use of certified EHR technology.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.

Start Date: Oct 03, 2015
End Date: Dec 31, 2015

Previous Save & Continue



MAPIR 5.7 Screens – Meaningful Use Main Screen

Get Started R&A/Contact Info ☒ Eligibility ☒ Patient Volumes ☒ Attestation ☐ Review Submit

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (1-9), Required Public Health Objective (10) and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

Completed?	Topics	Progress	Action
	General Requirements		Begin
	Meaningful Use Objectives (1-9)		Begin
	Required Public Health Objective (10)		Begin

Manual Clinical Quality Measures

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the **"Clear All"** button on the previously selected CQM set to enable the **"Begin"** button on a different CQM set. *Please note that the previously entered information will be cleared once the "Clear All" button is selected.*

Clinical Quality Measure - General	Begin
Clinical Quality Measure - Adult Set	Begin
Clinical Quality Measure - Pediatric Set	Begin
Cancel and Choose Electronic	Cancel

Note:
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

Previous Save & Continue

MAPIR 5.7 Screens – General Requirements

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Meaningful Use General Requirements

Please answer the following questions to determine your eligibility for the Medicaid EHR Incentive Program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Please demonstrate that at least 50% of all your encounters occur in a location(s) where certified EHR technology is being utilized.	* Numerator: <input type="text"/>	* Denominator: <input type="text"/>
* Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.	* Numerator: <input type="text"/>	* Denominator: <input type="text"/>
* Is your Certified EHR System certified for all the Meaningful Use measures you will be completing for this application?	<input type="radio"/> Yes <input type="radio"/> No	
* Is your CQM reporting period the same as your Meaningful Use reporting period? Please be sure to upload your Meaningful Use and CQM documentation into the application.	<input type="radio"/> Yes <input type="radio"/> No	

[Previous](#) [Reset](#) [Save & Continue](#)

MAPIR 5.7 Screens – Meaningful Use Objectives

Get Started R&A/Contact Info ☒ Eligibility ☒ Patient Volumes ☒ Attestation ☐ Review Submit

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (1-9), Required Public Health Objective (10) and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<div>EDIT</div> <div>Clear All</div>
	Meaningful Use Objectives (1-9)		<div>Begin</div>
	Required Public Health Objective (10)		<div>Begin</div>

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the **"Clear All"** button on the previously selected CQM set to enable the **"Begin"** button on a different CQM set. *Please note that the previously entered information will be cleared once the **"Clear All"** button is selected.*

Clinical Quality Measure - General	<div>Begin</div>
Clinical Quality Measure - Adult Set	<div>Begin</div>
Clinical Quality Measure - Pediatric Set	<div>Begin</div>

Note:
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

Previous

Save & Continue

MAPIR 5.7 Screens – MU Objectives 1 – 9 Begin



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Program Year 2015 Scheduled to Meet Stage 1: Meaningful Use Objectives 1 - 9

As a provider scheduled to meet MU Stage 1 in Program Year 2015, you will be presented with the option to select Alternate Measures and Alternate Exclusions within certain Objectives.

The following section includes 9 of the 10 Objectives. Some Objectives include multiple measures. As part of the Meaningful Use Attestation, EPs are required to complete all 10 Objectives. Certain Objectives do provide Exclusions, Alternate Exclusions, or Alternate Measures. If an EP meets the criteria for the Exclusion or Alternate Exclusion, then the EP can claim that Exclusion during Attestation.

Helpful Hints:

1. The Meaningful Use Objectives, Required Public Health Objective, and the Clinical Quality Measures (CQMs) can be completed in any order.
2. For more details on each Objective, select the '[CLICK HERE](#)' link at the top left of each screen.
3. Objective results **DO NOT** round up. For example, a numerator of 199 and a denominator of 1000 is 19%. Results are **ONLY** displayed in whole numbers.
4. Objectives that require a result of greater than a given percentage must be **MORE THAN** that percentage. For example, in a measure requiring a result of greater than 80%, a result of 80.1% will pass, but a result of exactly 80% will **NOT** pass.
5. The white checkmark in the green circle means the section is completed, but does not mean you passed or failed the Objectives.
6. You may review the completed Objectives by selecting the 'EDIT' button.
7. Evaluation of Meaningful Use Objectives is made after the application is electronically signed. You will receive a message if the objectives are not met. If any objectives are not met, you will have the opportunity to change and electronically sign again.

Instructions:

- Users must adequately answer each measure they intend to meet by either correctly completing the numerator and denominator, answering yes or no, or choosing an exclusion if they meet the requirements for that exclusion.
- Use the data obtained from your EHR system for the attestation period.
- When completing your application, you will be prompted to upload copies of your EHR report(s) and supporting documentation into your application.

It is important to SAVE all documentation and reports that support your Meaningful Use attestation, including documentation for exclusions and measures with values of zero. If you see patients at multiple outpatient practice locations, please save your Meaningful Use documentation from all sites in case of audit.

UI 522

[Begin](#)

For providers
scheduled to meet
Stage 1 in PY2015,
see page **46** of the **EP
User Guide Part 2A**

For providers
scheduled to meet
Stage 2 in PY2015,
see page **26** of the **EP
User Guide Part 2A**

MAPIR 5.7 Screens – Objective List Table

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Attestation Meaningful Use Objectives

To edit information, select the "EDIT" button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the "Return to Main" button to access the main attestation topic list.

Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.		EDIT
Objective 2	You must choose an option for this objective. Select the EDIT button to continue.			EDIT
Objective 3	You must choose an option for this objective. Select the EDIT button to continue.			EDIT
Objective 4	You must choose an option for this objective. Select the EDIT button to continue.			EDIT
Objective 5	You must choose an option for this objective. Select the EDIT button to continue.			EDIT
Objective 6	You must choose an option for this objective. Select the EDIT button to continue.			EDIT
Objective 7	You must choose an option for this objective. Select the EDIT button to continue.			EDIT
Objective 8	You must choose an option for this objective. Select the EDIT button to continue.			EDIT
Objective 9	You must choose an option for this objective. Select the EDIT button to continue.			EDIT


Return to Main

MAPIR 5.7 Screens – Objective 1: Protect PHI

Get Started R&A/Contact Info ☒ Eligibility ☒ Patient Volumes ☒ Attestation ☐ Review ☒ Submit ☐

Attestation Meaningful Use Objectives

Objective 1 – Protect Patient Health Information

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.

Measure: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.

*Did you meet this measure?
☐ Yes ☐ No

If 'Yes', please enter the following information:

Date (MM/DD/YYYY):

Name and Title (Person who conducted or reviewed the security risk analysis):

New
Documentation
Requirement
for all
PY2015
Applications

The Security Risk Assessment and any associated Corrective Action Plan will be a required documentation element for all PY2015 attestations. Please upload the file(s) when you submit the application.

MAPIR 5.7 Screens – Objective 2: CDS Selection Screen

Get Started R&A/Contact Info ☒ Eligibility ☒ Patient Volumes ☒ Attestation ☒ Review Submit ☐

Attestation Meaningful Use Objectives

Objective 2 – Clinical Decision Support (CDS)

Please choose from the following options to attest to this objective. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

When ready click the **Continue** button to review your selection, or click **Previous** to go back.

(*) Red asterisk indicates a required field.

*Select from the following options:

☐ Modified Stage 2
Measure 1 - Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.
Measure 2 - The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

☐ Modified Stage 2 Alternate Measure 1
Measure 1 - Implement one clinical decision support rule.
Measure 2 - The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.


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MAPIR 5.7 Screens – Objective 2: Alternate CDS

Get Started R&A/Contact Info ☒ Eligibility ☒ Patient Volumes ☒ Attestation ☒ Review Submit

Attestation Meaningful Use Objectives

Objective 2 Alternate - Clinical Decision Support (CDS)

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority, or high priority hospital condition, along with the ability to track compliance with that rule.

Measure 1: Implement one clinical decision support rule.

*Did you meet this measure?
☐ Yes ☐ No

Measure 2 Exclusion: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.

*Does this exclusion apply to you? If 'No', complete Measure 2.
☐ Yes ☐ No

Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Did you meet this measure?
☐ Yes ☐ No

See pages 50 and 51 in the EP User Guide Part 2A for examples of both Objective 2 screens.

MAPIR 5.7 Screens – Objective 3: CPOE Selection Screen

Get Started R&A/Contact Info ☒ Eligibility ☒ Patient Volumes ☒ Attestation ☐ Review ☐ Submit ☐

Attestation Meaningful Use Objectives

Objective 3 – Computerized Provider Order Entry (CPOE)

Please choose from the following options to attest to this objective. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

When ready click the **Continue** button to review your selection, or click **Previous** to go back.

(*) Red asterisk indicates a required field.

*Select from the following options:

☐ Modified Stage 2

Measure 1 - More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Measure 2 - More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Measure 3 - More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

☐ Modified Stage 2 Alternate Measure 1 and Alternate Exclusions for Measure 2 and 3

Measure 1 - More than 30 PERCENT OF ALL MEDICATION ORDERS created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Measure 2 - More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Alternate Exclusion 2 - Any EP who did not plan to report on this measure may select an exclusion.

Measure 3 - More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Alternate Exclusion 3 - Any EP who did not plan to report on this measure may select an exclusion.

☐ Modified Stage 2 Alternate Measure 1 and Alternate Exclusions for Measure 2 and 3

Measure 1 - More than 30 PERCENT OF ALL UNIQUE PATIENTS with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE.

Measure 2 - More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Alternate Exclusion 2 - Any EP who did not plan to report on this measure may select an exclusion.

Measure 3 - More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Alternate Exclusion 3 - Any EP who did not plan to report on this measure may select an exclusion.

Previous **Continue**

See pages 52 – 55 in the EP User Guide Part 2A for examples of both Objective 3 screens.

Alternate Exclusion: “The EP did not plan to report on this measure.”

MAPIR 5.7 Screens – Objective 4: Electronic Rx Selection Screen

[Get Started](#) [R&A/Contact Info](#) [Eligibility](#) [Patient Volumes](#) [Attestation](#) [Review](#) [Submit](#)

Attestation Meaningful Use Objectives

Objective 4 – Electronic Prescribing

Please choose from the following options to attest to this objective. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

When ready click the **Continue** button to review your selection, or click **Previous** to go back.

(*) Red asterisk indicates a required field.

*Select from the following options:

☐ Modified Stage 2
Measure – More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

☐ Modified Stage 2 Alternate Measure
Measure – More than 40 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

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See pages 56 – 58 in the EP User Guide Part 2A for examples of both Objective 4 screens.

MAPIR 5.7 Screens – Return to Main

Get Started R&A/Contact Info Eligibility Patient Volumes **Attestation** Review Submit

Attestation Meaningful Use Objectives

To edit information, select the "EDIT" button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the "Return to Main" button to access the main attestation topic list.

Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 1	Protect electronic health information created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.	Measure = Yes Date = 10/01/2014 Name and Title = Dr. Medicaid - Provider	EDIT
Objective 2	Use clinical decision support to improve performance on high-priority health conditions.	Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. The EP has enabled and implemented the functionality for drug-drug and drug-allergy.	Measure 1 = Yes Measure 2 Exclusion = No Measure 2 = Yes	EDIT

Objective 6	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	Exclusion = No Numerator = 5 Denominator = 10	EDIT
Objective 7	The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The EP who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	Exclusion = No Numerator = 7 Denominator = 10	EDIT
Objective 8	Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP.	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information. At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.	Measure 1 Exclusion Measure 1 and 2 = No Numerator 1 = 7 Denominator 1 = 10 Measure 2 Exclusion Measure 2 = No Numerator 2 = 6 Denominator 2 = 10	EDIT
Objective 9	Use secure electronic messaging to communicate with patients on relevant health information.	The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period. Did you have the secure electronic messaging enabled during the EHR reporting period?	Exclusion = No Measure = Yes	EDIT

Return to Main

Get Started R&A/Contact Info Eligibility Patient Volumes **Attestation** Review Submit

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (1-9), Required Public Health Objective (10) and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (10). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	EDIT Clear All
✓	Meaningful Use Objectives (1-9)	9/9	EDIT Clear All
	Required Public Health Objective (10)		Begin

Manual Clinical Quality Measures

Please select one of the following three Clinical Quality Measure set options.

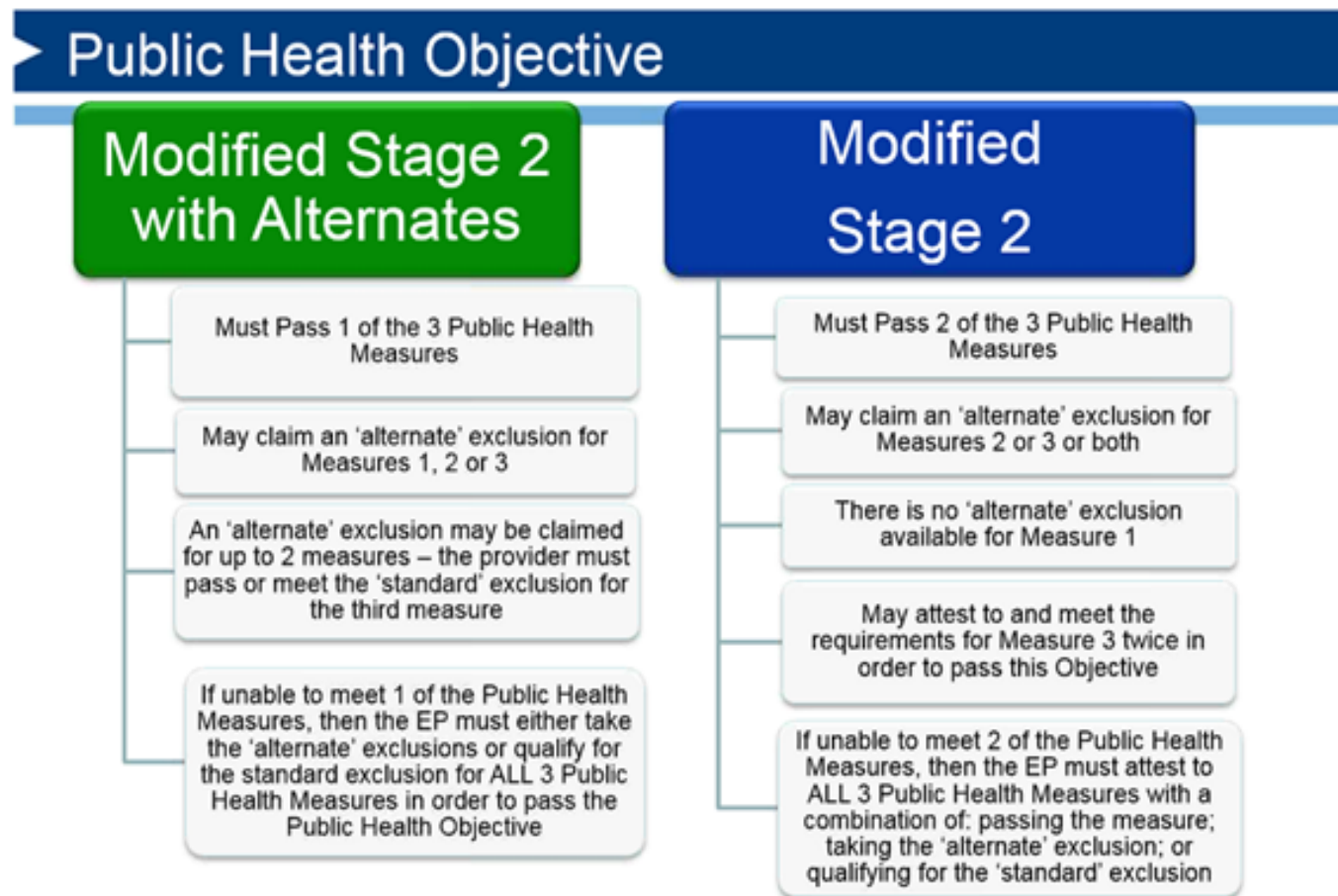
Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the "Clear All" button on the previously selected CQM set to enable the "Begin" button on a different CQM set. Please note that the previously entered information will be cleared once the "Clear All" button is selected.

Clinical Quality Measure - General	Begin
Clinical Quality Measure - Adult Set	Begin
Clinical Quality Measure - Pediatric Set	Begin
Cancel and Choose Electronic	Cancel

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous Save & Continue

MAPIR 5.7 Screens – Public Health Objective



MAPIR 5.7 Screens – Begin the Public Health Objective

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒

Attestation ☒

Review

Submit ☐

Program Year 2015 Scheduled to Meet Stage 1: Required Public Health Objective 10

As a provider scheduled to meet MU Stage 1 in Program Year 2015, you will be presented with the option to select "Modified Stage 2" Public Health criteria, or "Modified Stage 2 Alternate Exclusion" Public Health criteria. Your selection will then determine which Public Health Objective Measures you can attest to.

As part of the Meaningful Use Attestation, an EP who is scheduled to be in Stage 1 in Program Year 2015 must report at least one (1) Public Health Option unless the EP can claim an exclusion from Options 1, 2 and 3A.

EPs choosing Modified Stage 2:

- Must attest to at least 2 Options from the Public Health Reporting Options 1 - 3. Option 3 (Specialized Registry) may be reported twice.
- May claim an Alternate Exclusion for Option 2 (Syndromic Surveillance), Option 3 (Specialized Registry), or both.
- There is no Alternate Exclusion in Modified Stage 2 for Option 1 (Immunization). However, the provider may still claim the standard exclusion.

EPs Scheduled for Stage 1 and choosing Modified Stage 2 with Alternate Exclusions:

- Must attest to at least 1 Option from the Public Health Reporting Options 1 - 3.
- May claim up to two (2) Alternate Exclusions for Option 1 (Immunization), Option 2 (Syndromic Surveillance), and Option 3 (Specialized Registry).
- If you cannot successfully attest to any Option, then you must qualify for an exclusion or Alternate Exclusion for all Options to pass the Public Health Objective.

A **Public Health Objective Documentation Aid** is available at the Vermont Medicaid EHRIP website to assist EPs in providing documentation for the Public Health Measures they attest to, as well as documentation for the exclusions they qualify for. It is strongly recommended that the Public Health Objective Documentation Aid is completed and uploaded when your application is submitted. It lists suggested documentation artifacts, which, when provided at the time of attestation, will facilitate the application review process. The information will also help furnish the information that would be requested in the event of an audit.

Download the **Program Year 2015 Public Health Objective Documentation Aid for EPs Scheduled to be in Stage 2** here:
<http://healthdata.vermont.gov/ehrip/2015/PH/Docs>

Helpful Hints:

1. For more details on each measure option, select the '**CLICK HERE**' link at the top left of each screen.
2. You may review the completed option by selecting the '**EDIT**' button.
3. After completing the Public Health Objective, you will receive a white checkmark in the green circle. The checkmark means the section is completed, but does not mean you passed or failed the Objective.
4. Evaluation of Public Health Objective is made after the application is electronically signed. You will receive a message if the Objective is not met. If any Objectives are not met, you will have the opportunity to change and electronically sign again.

Begin

UI 549

See pages 76 – 86
in the EP User
Guide Part 2A for
providers
scheduled to meet
Stage 1.

See pages 33 – 39
in the EP User
Guide Part 2A for
providers
scheduled to meet
Stage 2.

MAPIR 5.7 – Public Health Documentation Aid

Program Year 2015 EPs Scheduled to be in MU Stage 1: “Modified Stage 2 Alternate Exclusion”

Public Health Objective Documentation Aid

INSTRUCTIONS: You will find screenshots of the three Public Health Meaningful Use Measures as they appear within the MAPIR attestation environment, keyed with spaces to provide additional information for the measures met or the exclusions qualified for. This Documentation Aid, when uploaded at the time of attestation, will facilitate the application review process, and will also help provide the information that would be requested in the event of an audit.

Provider Name:	Click here to enter text	Provider NPI:	Click here to enter text
In the space below, please enter any additional information regarding the provider's Public Health Objective documentation.			
Click here to enter text			

1. Immunization Registry Reporting

Screenshot from MAPIR: Objective 10 Alternate Option 1 – Immunization Registry Reporting

The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.

*Does this option apply to you?

☐ Yes ☐ No

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

1 ☐ Completed registration to submit data

2 ☐ Testing and validation

3 ☐ Production

EXCLUSION: If Option 1 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.

4 Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period.

☐ Yes ☐ No

5 Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.

☐ Yes ☐ No

6 Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

☐ Yes ☐ No

7 Provider may claim an exclusion for the measure of the Stage 2 Immunization Registry Reporting objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Immunization Registry Reporting menu objective.

☐ Yes ☐ No

NOTE: Descriptions are limited to 200 characters.

1	Completed registration to submit data	
	Description of supporting documentation:	Click here to enter text
	Uploaded to MAPIR attestation?	Choose Yes or No
2	Testing and validation	Test Date: Enter Test Date
	Description of supporting documentation:	Click here to enter text (NOTE: if Test Date is before 2015, include description of ongoing testing during 2015)
	Uploaded to MAPIR attestation?	Choose Yes or No
3	Production	
	Description of supporting documentation:	Click here to enter text
	Uploaded to MAPIR attestation?	Choose Yes or No
4	If Yes, description of supporting documentation (e.g., EHR system report showing any immunizations performed but no data collected; EP letter explaining reasons for exclusion):	Click here to enter text
	Uploaded to MAPIR attestation?	Choose Yes or No
5	Not an exclusion for Vermont EPs, as the Vermont Department of Health declared readiness as of February 2013. New Hampshire EPs may take this exclusion, as the NH Department of Health and Human Services has not yet declared readiness.	
6	Not an exclusion for Vermont EPs, as the Vermont Department of Health declared readiness to accept HL7 2.5.1 as of February 2013. New Hampshire EPs may take this exclusion, as the NH Department of Health and Human Services has not yet declared readiness.	
7	If Yes, no further documentation is required.	

<http://healthdata.vermont.gov/ehrip/2015/PH/Docs>

MAPIR 5.7 Screens – Public Health Selection Screen

Get StartedR&A/Contact Info ✓Eligibility ✓Patient Volumes ✓Attestation ✓ReviewSubmit

Attestation Meaningful Use Objectives

Required Public Health Objectives Reporting Options

Please choose from the following options to attest to this objective. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

When ready click the **Continue** button to review your selection, or click **Previous** to go back.

(*) Red asterisk indicates a required field.

*Select from the following options:

☐ Modified Stage 2
Select 2 Options and attest without taking an exclusion or Select 1 Option without taking an exclusion and taking an exclusion on the remaining Options or take an exclusion on each Option. Option 3 may be used twice.

☐ Modified Stage 2 Alternate Exclusion
Select 1 Option without taking an exclusion or take an exclusion on each option. Alternate exclusions are available for EPs scheduled for Stage 1 in Program Year 2015.


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MAPIR 5.7 Screens – Immunization Registry Reporting

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Attestation Meaningful Use Objectives

Objective 10 Alternate Option 1 - Immunization Registry Reporting

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure: Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data.

*Does this option apply to you?

☐ Yes ☐ No

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

EXCLUSION: If Option 1 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.

Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period.

☐ Yes ☐ No

Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.

☐ Yes ☐ No

Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

☐ Yes ☐ No

Provider may claim an exclusion for the measure of the Stage 2 Immunization Registry Reporting objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Immunization Registry Reporting menu objective.

☐ Yes ☐ No


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MAPIR 5.7 Screens –

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Attestation Meaningful Use Objectives

Objective 10 Alternate Option 3A - Specialized Registry Reporting

 Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a specialized registry to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Measure: Option 3 - Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.

*Does this option apply to you?
☐ Yes ☐ No

If 'Yes', enter the name of the specialized registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data
☐ Testing and validation
☐ Production

EXCLUSION: If Option 3 is 'No', then select one of the Exclusions below. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period.
☐ Yes ☐ No

Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
☐ Yes ☐ No

Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.
☐ Yes ☐ No

The EP did not plan to report on specialized registry data, therefore the EP is able to claim an exclusion.
☐ Yes ☐ No

Provider may claim an exclusion for the measure of the Stage 2 Specialized Registry Reporting objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Specialized Registry menu objective.
☐ Yes ☐ No

Previous Reset Save & Continue

MAPIR 5.7 Documentation for Specialized Registry Reporting

Specialized Registry Documentation

- If in Active Engagement, documentation such as letter or email from the registry confirming registration, testing or in production, for example.
- Supporting Exclusions
 - If not a member of specialty society, signed letter attesting this.
 - If member of specialty society, documentation to support the society is not accepting electronic registry transactions at start of the provider's MU period: specialty website screen shots, letter, email, etc., or an EP letter stating this.

http://healthdata.vermont.gov/sites/healthdata/files/pdfs/EHRIP/2016_02_29_CMS_FAQs.pdf

MAPIR 5.7 Screens – PH Objective Complete

Get Started RSA/Contact Info Eligibility Patient Volumes Attestation Review Submit

Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives, Required Public Health Objectives, and one of the Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to Meaningful Use Objectives. You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
✓	General Requirements	1/1	EDIT Clear All
✓	Meaningful Use Objectives	9/9	EDIT Clear All
✓	Required Public Health Objectives	4/4	EDIT Clear All

Manual Clinical Quality Measures

Please select one of the following three Clinical Quality Measure set options.

Only one Clinical Quality Measure (CQM) set can be completed. If you would like to switch to a different CQM set after one is started, use the "Clear All" button on the previously selected CQM set to enable the "Begin" button on a different CQM set. Please note that the previously entered information will be cleared once the "Clear All" button is selected.

Clinical Quality Measure - General	Begin
Clinical Quality Measure - Adult Set	Begin
Clinical Quality Measure - Pediatric Set	Begin
Cancel and Choose Electronic	Cancel

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous Save & Continue

Clinical Quality Measure screens for providers scheduled to meet both Stage 1 and Stage 2 are the same, and begin on page 90 of EP User Guide Part 2A.

MAPIR 5.7 Screens – CQMs

Get Started R&A/Contact Info ☒ Eligibility ☒ Patient Volumes ☒ **Attestation ☒** Review Submit ☒

MEANINGFUL USE CLINICAL QUALITY MEASURES (CQMs) GENERAL SET MEASURES
As part of the meaningful use attestation process, EPs are required to complete a minimum of nine (9) CQMs from at least three (3) different domains. There are six (6) domains and sixty-four (64) CQMs from which to choose. The domain of each CQM is shown in the title bar of each individual CQM.

Please note, CQMs are listed first by domain name and then by CMS number.

YOU HAVE CHOSEN THE GENERAL SET OF ALL 64 AVAILABLE CQMs FROM WHICH TO SELECT YOUR MEASURES.
If you would like to switch to either the Recommended Adult set or the Recommended Pediatric set after you have already started the General set, click the "Return to Main" button and use the "Clear All" button. You will then be able to select the "Edit" button on a different CQM set. *Please note that the previously entered information will be cleared once the "Clear All" button is selected.*

You will not be able to proceed with your attestation for the General Set of CQMs.

It is important to SAVE all documentation and reports that support your Meaningful Use attestation. This includes reports for any CQMs that you attested to, even if the values are zeroes. If you see patients at multiple outpatient practice locations, please save your Meaningful Use documentation from all sites in case of audit.

Get Started R&A/Contact Info ☒ Eligibility ☒ Patient Volumes ☒ **Attestation ☒** Review Submit ☐

MEANINGFUL USE CLINICAL QUALITY MEASURES (CQMs) ADULT RECOMMENDED SET MEASURES
As part of the meaningful use attestation process, EPs are required to complete a minimum of nine (9) CQMs from at least three (3) different domains. There are six (6) domains and sixty-four (64) CQMs from which to choose. The domain of each CQM is shown in the title bar of each individual CQM.

Please note, CQMs are listed first by domain name and then by CMS number.

YOU HAVE CHOSEN THE ADULT RECOMMENDED SET OF CQMs FROM WHICH TO SELECT YOUR MEASURES.
For the Adult Recommended CQMs, the nine (9) measures are already pre-selected. You may choose additional CQMs but as a minimum you must answer the nine (9) pediatric recommended CQMs preselected. You are not able to de-select any of the measures. If you do not want to complete these 9 preselected measures, then click the "Return to Main" button and use the "Clear All" button. You will then be able to select the "Edit" button on a different CQM set. *Please note that the previously entered information will be cleared once the "Clear All" button is selected.*

Get Started R&A/Contact Info ☒ Eligibility ☒ Patient Volumes ☒ **Attestation ☐** Review ☐ Submit ☐

MEANINGFUL USE CLINICAL QUALITY MEASURES (CQMs) PEDIATRIC RECOMMENDED SET MEASURES
As part of the meaningful use attestation process, EPs are required to complete a minimum of nine (9) CQMs from at least three (3) different domains. There are six (6) domains and sixty-four (64) CQMs from which to choose. The domain of each CQM is shown in the title bar of each individual CQM.

Please note, CQMs are listed first by domain name and then by CMS number.

YOU HAVE CHOSEN THE PEDIATRIC RECOMMENDED SET OF CQMs FROM WHICH TO SELECT YOUR MEASURES.
For the Pediatric Recommended CQMs, the nine (9) measures are already pre-selected. You may choose additional CQMs but as a minimum you must answer the nine (9) pediatric recommended CQMs preselected. You are not able to de-select any of the measures. If you do not want to complete these 9 preselected measures, then click the "Return to Main" button and use the "Clear All" button. You will then be able to select the "Edit" button on a different CQM set. *Please note that the previously entered information will be cleared once the "Clear All" button is selected.*

Note, the minimum **nine (9) CQMs from three (3) different domains** have been pre-selected for you. You may select additional CQMs.

It is important to SAVE all documentation and reports that support your Meaningful Use attestation. This includes reports for any CQMs that you attested to, even if the values are zeroes. If you see patients at multiple outpatient practice locations, please save your Meaningful Use documentation from all sites in case of audit.

Begin

additional CQMs but as a minimum you must answer the nine (9) pediatric recommended CQMs preselected. You are not able to de-select any of the measures. If you do not want to complete these 9 preselected measures, then click the "Return to Main" button and use the "Clear All" button. You will then be able to select the "Edit" button on a different CQM set. *Please note that the previously entered information will be cleared once the "Clear All" button is selected.*

i. You may select additional CQMs.

It is important to SAVE all documentation and reports that support your Meaningful Use attestation. This includes reports for any CQMs that you attested to, even if the values are zeroes. If you see patients at multiple outpatient practice locations, please save your Meaningful Use documentation from all sites in case of audit.

UI 560

MAPIR 5.7 Screens – Assignment of Payment

Get Started

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Attestation Phase (Part 3 of 3)

Please answer the following questions so that we can determine your eligibility for the program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.

☐ Yes ☐ No

NOTE: If you wish to assign your payment and did not indicate this when you applied to the R&A then you must return to the R&A to correct this information.

Please select one payment address from the list provided below to be used for your Incentive Payment, if you are approved for payment. If you do not see a valid payment address, please contact State Medicaid Program.

*Payment Address (Must Select One)	Provider ID	Location Name	Address	Additional Information
<input type="radio"/>	999999999, 9999999999	Dr. Medicaid Provider	2821 Coal Street Bedford, PA 15522-9422	Rel5.2

Previous

Reset

Save & Continue

MAPIR 5.7 Screens – Review

A status of “Incomplete” means the application has not yet been Submitted, not necessarily that you are missing information.

Get Started R&A/Contact Info ☒ Eligibility ☒ Patient Volumes ☒ Attestation ☒ Review ☒ Submit

The **Review** panel displays the information you have entered to date for your application. Select **Print** to generate a printer friendly version of this information. Select **Continue** to return to the last page saved. If all tabs have been completed and you are ready to continue to the Submit Tab, please click on the **Submit** Tab itself to finish the application process.

Status

Incomplete

CEHRT ID Information

CMS EHR Certification ID: A0H1301DAPAKEAF

R&A Verification

Name	Steven Tucker	Applicant NPI	9999999999
Personal TIN/SSN	9999999999	Payee TIN	9999999999
Payee NPI	9999999999		
Business Address	123 First Street Anytown, PA 12345-1234		
Business Phone	999-999-9999		
Incentive Program	MEDICAID	State	AK
Eligible Professional Type	Physician		
R&A Registration ID	9999999999		
R&A Registration Email	Providermail@email.com		
CMS EHR Certification Number	A014E01EPAKJEA3		
Is this information accurate?	Yes		

NOTE: When you have finished the review of your application information and want to exit the Review tab, do not select the “Continue” button on this screen. Instead, select the “Submit” tab to proceed.

Get Started R&A/Contact Info ☒ Eligibility ☒ Patient Volumes ☒ Attestation ☒ Review ☒ **Submit**

MAPIR 5.7 Screens – Application Questionnaire

Get Started R&A/Contact Info ☒ Eligibility ☒ Patient Volumes ☒ Attestation ☒ Review Submit ☒

Application Questionnaire

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Question 1:
If you are attesting to Meaningful Use, are you prepared to upload the provider's EHR system MU report, to include CQMs? ☐ Yes ☐ No

Question 2:
If you are attesting to Meaningful Use, are you prepared to upload the Security Risk Analysis report to support Objective 1 - Protect Patient Health Information? ☐ Yes ☐ No

Question 3:
Did you save copies of all reports, screenshots and other documentation to support this attestation? Please note you are encouraged but not required to upload this documentation at the time of attestation. More information is at our website (paste the link in your browser): <http://healthdata.vermont.gov/ehrip/Audits> ☐ Yes ☐ No

Question 4:
Did you save a copy of your 90-day patient volume details? Required elements of the patient volume data file and guidance for completing the data report are our website (paste the link in your browser): <http://healthdata.vermont.gov/ehrip/PatientVolume/Dataatool> Please note you are encouraged but not required to upload the data file at the time of attestation. ☐ Yes ☐ No

Question 5:
Does this provider practice at more than one outpatient location? ☐ Yes ☐ No

Question 6:
If you are attesting to Meaningful Use, have you followed the Active Engagement guidance for the Public Health measures, including completing the Documentation Aid that is available at our website? For Program Year 2015, paste this link in your browser: <http://healthdata.vermont.gov/ehrip/2015/PH/Docs> For Program Year 2016, paste this link in your browser: <http://healthdata.vermont.gov/ehrip/2016/PH/Docs> ☐ Yes ☐ No

Question 7:
Does this provider use VITLAccess? ☐ Yes ☐ No

Question 8:
Does this provider's practice solicit patient consent for information sharing? ☐ Yes ☐ No

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MAPIR 5.7 File Uploads – Required Documentation

File Uploads

You must upload at least one document to support your attestation.

The following is a list of Required items and Recommended uploads.

REQUIRED:

- For each provider attesting to **Adopt/Implement/Upgrade**, you must upload a copy of an invoice, contract, purchase order, license agreement or similar document demonstrating proof of ownership related to your EHR system.
- For each provider attesting with **Group Patient Volume**, you must upload the set of billing NPIs defining the group, and a complete list of individual provider names and individual NPIs for all attending or rendering providers associated with the group, regardless of whether they are Eligible Professionals attesting for an incentive payment.
- For each provider attesting to **Meaningful Use**, you must upload:
 - A copy of the MU report from your EHR system, to include CQMs;
AND
 - A copy of the Security Risk Assessment

From page 12 of the EP User Guide Part 3

MAPIR 5.7 File Uploads – Security Risk Analysis

- **Protect Electronic Health Information Objective/Security Risk Analysis (SRA) required to attach to attestation**
 - Should include dated final report that documents the process used to perform the SRA and the results of the review.
 - Should include asset inventory to define scope/show that the EP or practice identified the type, location, the responsible person and whether or not the asset contained PHI.
 - Should include evidence that it was generated for your attested EHR (e.g., identified by provider name, practice name, NPI, etc.).
 - Should include a Corrective Action/Remediation Plan, if applicable, to address any identified deficiencies.
 - FAQ# 13649 addresses the timing of SRA:
<https://questions.cms.gov/faq.php?faqId=13649&id=5005>

MAPIR 5.7 File Uploads – Recommended Documentation

RECOMMENDED:

The following documentation may be requested during pre-payment review, or in the event of a post-payment audit. It is **highly recommended** that you upload them at the time of attestation, when it is easiest to gather and submit all information related to an attestation for the current Program Year.

- For all providers, the **Patient Volume Data Tool**, available at our website: <http://healthdata.vermont.gov/ehrip/PatientVolume/Datatool>
- For each provider demonstrating Meaningful Use, the **Public Health Objective Documentation Aid**, available at our website: <http://healthdata.vermont.gov/ehrip/2015/PH>
- For all providers, any **other supplemental documentation** supporting your volume, attestation, validation of certified EHR or information to support your Meaningful Use attestation.

MAPIR 5.7 Other Documentation

Other Recommended Documentation and Tips:

- Documentation for exclusions (MU report may be sufficient).
- Supporting documentation for Yes/No measures.
- Immunization Registry Reporting: Vermont Department of Health (VDH) registration form; VITL Help Tickets; Communications with VDH.
- Clinical Decision Support Objective: See CMS FAQ 10228
<https://questions.cms.gov/faq.php?faqId=10228>
- Screenshots and other supporting documentation should be dated.
- Documentation should be de-identified and HIPPA compliant.

MAPIR 5.7 Screens – Application Submission



[Get Started](#) [R&A/Contact Info](#) [Eligibility](#) [Patient Volumes](#) [Attestation](#) [Review](#) [Submit](#)

Application Submission (Part 2 of 2)

The Meaningful Use Attestation data that you have attested to has failed to meet mandatory requirements. At this point in time you may opt to submit the application or return to the Attestation Tab to review or revise any data that has been entered.

By signing electronically you have attested to the accuracy of the Meaningful Use data that has been entered. Please be advised that multiple attempts to complete the Meaningful Use data, may result in an audit of the data.

Note: Mandatory requirements must be met to qualify for an incentive payment.

Click the **Attestation** tab to return to Meaningful Use Attestation, or the **Save & Continue** button to review your selection, or click **Previous** to go back.

Attestation Meaningful Use Measures

Click the link below to review the Attestation Meaningful Use Measure data that has been entered, as well as the acceptance or rejection outcome for each measure.

If you wish you retain this information for the future reference, please print the information after selecting the link. It will be necessary to Sign Electronically to view the acceptance and rejection outcome of measures after leaving this page.

[Meaningful Use Measures](#)

THE MEANINGFUL USE DATA THAT YOU HAVE ATTESTED TO HAS FAILED TO MEET MANDATORY REQUIREMENTS.

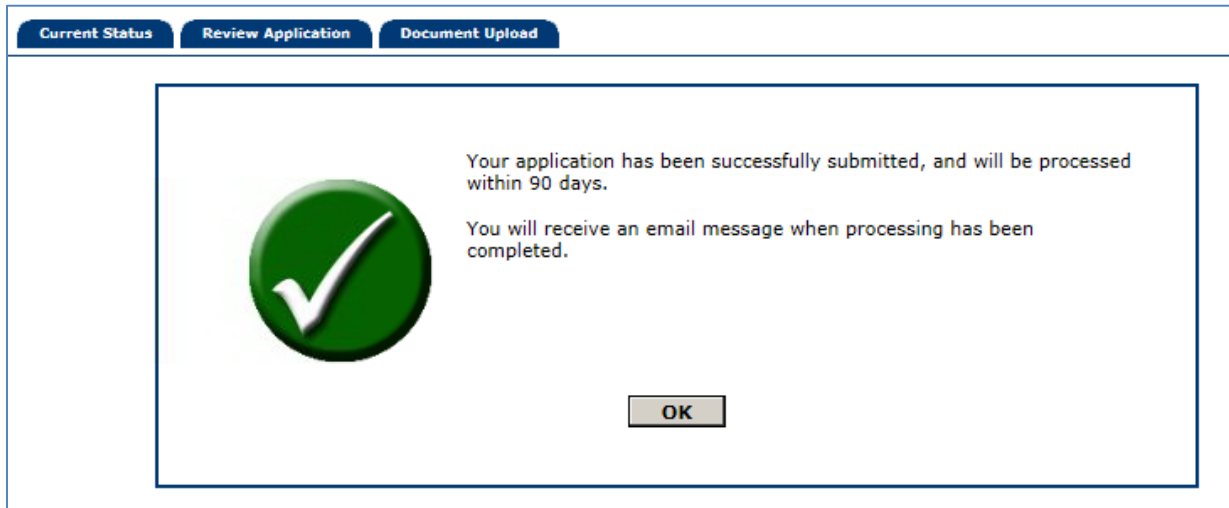
You may have the option to continue with our submission by clicking [Save and Continue](#), but the EHRIP Team will not be able to approve the application for further processing, and you will experience delays in receiving payment.

Do not submit the application until you have clicked on the [Meaningful Use Measures](#) link and reviewed the [ACCEPTANCE or REJECTION](#) outcome for each measure.

[Previous](#) [Save & Continue](#)

See pages 19 in the EP User Guide Part 3 for details on the review of rejected MU criteria.

MAPIR 5.7 Screens – Submitted Status



IMPORTANT: If an Eligible Professional's Vermont Medicaid enrollment lapses at any time after an application is started and BEFORE A PAYMENT IS RECEIVED, the application will automatically ABORT from the MAPIR system. All saved data for the application will be eliminated. The attestation must then be restarted from the beginning in MAPIR after the EP becomes fully re-enrolled in Vermont Medicaid.



Vermont Medicaid EHR Incentive Program
Department of Vermont Health Access
Website: <http://healthdata.vermont.gov/ehrip>
EHRIP Team email: ehrip-support@vitl.net

